

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BD.

COMMITTEE NAME (Must be same as on Statement of Organization)

2009 SEP -4 AM 8:11

Jean Jordison for School Board

IMPORTANT: Indicate by # type of committee you are reporting for: 7  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name	Political Party (if applicable)
Jean Jordison	NA
Office Sought	District (if Senate or House)
School Board Director	NA

FORM <b>DR-2</b> (Rev. 07/2007)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Jean Jordison 3193544632 09/03/09  
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A September 3, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED NA

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election  
September 8, 2009  
County & Local Committees, enter County in  
which Election is held  
Johnson

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>1,150.00</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1,150.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>NA</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>NA</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b>	\$	<u>1,150.00</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>NA</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>NA</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	\$	<u>1,150.00</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>NA</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>NA</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>NA</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)		<u>YES</u> <input checked="" type="checkbox"/> <u>NO</u>
<b>CANDIDATE COMMITTEES ONLY:</b>		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>NA</u>
<b>STATE COMMITTEES:</b> Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/14/09	ID# CK#	Sleppers 2001 Rochester Ct IC IA 52245		\$ 100	<input type="checkbox"/>
08/14/09	ID# CK#	Pleasley 217 Green Mt Dr IC IA 52245		\$ 50	<input type="checkbox"/>
08/14/09	ID# CK#	Chambers Larch Lane IC IA 52245		\$ 25	<input type="checkbox"/>
08/25/09	ID# CK#	Siegfried 2621 Princeton Rd IC IA 52245		\$ 25	<input type="checkbox"/>
	ID# CK#	Scott-Muller 1820 Rochester Ct IC IA 52245		\$ 35	<input type="checkbox"/>
	ID# CK#	Howard 3476 Fawn Lane IC IA 52240		\$ 500	<input type="checkbox"/>
	ID# CK#	Lew 450 Evergreen Ct IC IA 52245		\$ 50	<input type="checkbox"/>
	ID# CK#	Labrecque		\$ 50	<input type="checkbox"/>
	ID# CK#	Jones - Hoyland 1800 Rochester Ct IC IA 52245		\$ 50	<input type="checkbox"/>
	ID# CK#	Richardson 519 S. Summit IC IA 5224		\$ 90	<input type="checkbox"/>
SUB-TOTAL				\$ 975.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

☐ CHECK THIS BOX IF  
AMENDING FORM

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06/25/09	ID# CK#	McCool 436 Woodridge IC 1A 52245		\$ 100	<input type="checkbox"/>
}	ID# CK#	Eiseler 5 Woodland Dr IC 1A 52240		\$ 50	<input type="checkbox"/>
	ID# CK#	Siegfried 2681 Princeton Rd IC 1A 52245		\$ 25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (If last page of this schedule)

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 Page 2 of 2  
(for Schedule A)